

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3	2		1			
4						
5	1		1			
6	1		1			
7	1		1			
8	2		2			
9						
10	1		1			
11	1		1			
12						
13	1		1			
14	2		2			
15	1		1			
16	1		1			
17	1		1			
18	2		0			
19	1		1			
20	0		1			
21	1		1			
22	1		1			
23	2		2			
24	1		1			
25	1		1			
26						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			26			
TOTAL CLAIMS		26				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								